



The World Together:

Strengthening Pandemic Prevention, Preparedness and Response – Intergovernmental Negotiating Body (“INB”)

Outcomes of INB2 (18-21 July 2022)

- Working draft, based on the progress achieved:
 - ✓ the INB expressed appreciation on document [A/INB/2/3](#), as a good basis to facilitate the discussions.
 - ✓ the INB agreed to a process for intersessional work, with a view to presenting a conceptual zero draft for the consideration of INB3 (December 2022).
- Identification of the provision of the WHO Constitution:
 - ✓ the INB agreed that the instrument should be legally binding and contain both legally binding as well as non-legally binding elements.
 - ✓ the INB identified that Article 19 of the WHO Constitution was the comprehensive provision under which the instrument should be adopted, without prejudice to also (emphasis added) considering, as work progressed, the suitability of Article 21.

Advantages of a Legally Binding Agreement

- Promote political commitment at the highest level to a more equitable, cooperative and interconnected global system that addresses pandemic prevention, preparedness, and response.
- Establish globally agreed principles, priorities and targets for pandemic prevention, preparedness and response.
- Support and develop a constituency of interested stakeholders at national, regional and global levels, with defined tasks to implement the treaty, and, where necessary, to develop and implement actions that will support the objectives of the treaty.
- Commit to present and future generations that the world will not only not forget the lessons this pandemic has taught us – but ensure that our mistakes are not repeated.

A legacy to future generations: Commit to minimize the impact of future pandemics on our economies and our societies.

**Working draft, presented on the basis of
progress achieved, of a WHO convention,
agreement or other international instrument
on pandemic prevention, preparedness and
response (the “WHO CAI”)**

(A/INB/2/3)

Methodology

- Reviewed written and verbal inputs from Member States and relevant stakeholders provided during the work of INB1, including input received through:
 - interventions from Member States and relevant stakeholders during the various sessions of the INB;
 - written input from Member States and relevant stakeholders (e.g. digital platform, draft annotated outline [\(A/INB/1/12\)](#));
 - public hearings organized by the Secretariat to inform the work of the INB;
- Synthesized and grouped input thematically, to provide a composite, coherent working draft that captures as many areas, perspectives and views as possible for pandemic prevention, preparedness, response (PPR).
- Referred to existing international instruments, including those rooted in the WHO Constitution and from other international organizations and fora, to inform its work on certain structural aspects.

The working draft is a flexible, “living” document, which is intended to be informed by discussions and to be descriptive, not prescriptive.

Working Draft - Vision

The **Vision** articulates the aspirational goals of the WHO CAI

This WHO CAI aims to protect present and future generations from the devastating consequences of pandemics, on the basis of equity, human rights and solidarity with all people and countries, recognizing the sovereign rights of countries and respect for their national context, as well as the differences in capacities and levels of development among them, for a world where, through a whole-of-government and whole-of-society approach, cooperation is enhanced at the national level and fostered at the international level to prevent, prepare for and respond to future pandemics, with a view to achieving universal health coverage, in order to protect and advance the enjoyment of the highest attainable standard of health for all peoples.

Working Draft – Principles

Fifteen overarching *Principles* aim to frame and guide national and international implementation the WHO CAI:

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|-------------------------------|---|
| (1) The right to health | (9) Shared but differentiated responsibilities and capabilities |
| (2) Universal health coverage | (10) Sovereignty |
| (3) Respect of human rights | (11) Community engagement |
| (4) Equity | (12) Inclusiveness |
| (5) One | (13) Gender equality |
| (6) Transparency | (14) Nondiscrimination and respect for diversity |
| (7) Accountability | (15) Rights of vulnerable populations |
| (8) Solidarity | |

Working Draft – Objectives

Five **Objectives** aim to address systemic gaps in pandemic PPR:

The objective(s) of the WHO CAI, guided by the overarching principles of equity, shared and differentiated responsibilities, and respective capabilities, in the light of different national circumstances, is to save lives and protect livelihoods, through improving the world's capacities for preventing, preparing for and responding to pandemics. The WHO CAI aims to address the systemic gaps and challenges that exist in these areas and across the cross-cutting strategic themes of equity, governance and leadership, systems and tools, and financing, through measures at the national, regional and international levels:

- (1) to continually and substantially increase and sustain the capacity to prevent pandemics from occurring;
- (2) to continually and substantially increase and sustain pandemic preparedness capacities;
- (3) to ensure availability and equitable access to affordable medical and other pandemic response products;
- (4) to ensure coordinated, timely and evidence-based pandemic response;
- (5) to facilitate speedy and equitable restoration of capacities for prevention, preparedness and response through a whole-of-government and whole-of society approach.

Working Draft – General Obligations

Twelve **General Obligations** set out high level commitments for Member States in implementing the WHO CAII.

- 1) develop, implement, periodically update and review comprehensive, inclusive, multisectoral national pandemic PPR strategies, and provide regular reporting on pandemic PPR capacities;
- 2) engage with communities, civil society and non-State actors, including the private sector, as part of a whole-of-society approach to pandemic PPR;
- 3) adopt and implement legislative, executive, administrative and/or other measures for fair, equitable, effective and timely pandemic PPR;
- 4) cooperate, in the spirit of solidarity, with other Parties and competent international and regional intergovernmental organizations and other bodies in the formulation of measures, procedures and guidelines for pandemic PPR;
- 5) develop and apply science and evidence to inform policy and measures for effective pandemic PPR;
- 6) provide forecasting, intelligence and timely information sharing and alert mechanisms, through appropriate and up-to-date platforms and technologies;
- 7) provide access, upon request, to experts to provide technical assistance to Parties that require strengthening of capacity for system PPR to pandemics;
- 8) mobilize, adequate human, financial and other necessary resources to affected countries in containing outbreaks ranging from small scale to global spread, based on public health need;
- 9) ensure long-term, sustainable and predictable financing and mobilization of human resources, including necessary surge capacity, for pandemic PPR at the national level;
- 10) ensure sustainable and predictable financing of global systems and tools, and global public goods through relevant international organizations, institutions and partners;
- 11) cooperate to mobilize sustainable financial resources for sustainable financing to enable WHO to provide support to countries for effective implementation of pandemic PPR measures;
- 12) support, through national legislative or executive processes or procedures, measures that promote effective and transparent implementation and monitoring of this WHO CAII

Working Draft – Specific provisions/areas/elements/obligations

Fourteen *Specific provisions/areas/elements/obligations* identify themes to strengthen pandemic PPR, using a whole-of-society and whole-of-government approach, consistent with the right to health and respect of human rights, in accordance with each Member State's capabilities and respectful of its sovereign rights and national context. They are:

- 1) Achieving Equity
- 2) Fair, equitable and timely access and benefit sharing
- 3) Strengthening and sustaining health systems' resilience and capacities
- 4) Local production and transfer of technology and know-how
- 5) Governance and coordination, collaboration, and cooperation
- 6) Health workforce
- 7) One Health
- 8) Governance, whole-of-government and other multisectoral actions at national level;
- 9) Governance, community engagement and whole-of-society actions at national and subnational levels;
- 10) Global supply chain and logistics network;
- 11) Research and development
- 12) Preparedness monitoring, simulation exercises and peer review
- 13) Pandemic and public health literacy
- 14) Financing

Working Draft – Institutional Arrangements and Final Provisions

Institutional arrangements and final provisions address WHO CAI governance, oversight, assessment and review, and financial mechanisms as well as other topics that will depend on the nature of the instrument.

Institutional Arrangements

- 1) Governance mechanism for this WHO CAI
- 2) Oversight mechanisms for this WHO CAI
- 3) Assessment and review
- 4) Financial mechanisms and resources

Final provisions

- Protocols and annexes
- Amendments
- Reservations
- Settlement of disputes
- Withdrawal
- Right to vote
- Signature
- Ratification
- Entry into force
- Depositary
- Authentic texts

Modalities of engagement for relevant stakeholders



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SECOND MEETING OF THE INTERGOVERNMENTAL
NEGOTIATING BODY TO DRAFT AND NEGOTIATE
A WHO CONVENTION, AGREEMENT OR OTHER
INTERNATIONAL INSTRUMENT ON PANDEMIC
PREVENTION, PREPAREDNESS AND RESPONSE
Geneva, 18–21 July 2022

A/INB/2/4
24 August 2022

Modalities of engagement for relevant stakeholders¹

These modalities of engagement for relevant stakeholders in the work of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (INB) are established per decision SSA2(5) (2021), which recognizes the importance of broad engagement, in line with the relevant rules and decisions of the World Health Assembly, in the INB's work in order to ensure a successful outcome. They are intended to be a "living document" which may be updated by the INB, as it may decide. These modalities, and any updates to them, will be made publicly available in an accessible web-based format and communicated to Member States.

In that regard, at its second meeting, the INB approved the list of entities proposed by Member States for inclusion in Annex E of these modalities, noting the importance of ensuring transparency, inclusivity, geographical representation and diversity among the proposed entities, and requested the Secretariat to cross-check the approved entities in Annex E to avoid repeating the entities already approved under Annexes A to D and revise these modalities accordingly, on the understanding that these modalities continue to be a living document with further possibilities for updates as deemed appropriate by the INB. The present version of the modalities reflects that outcome.

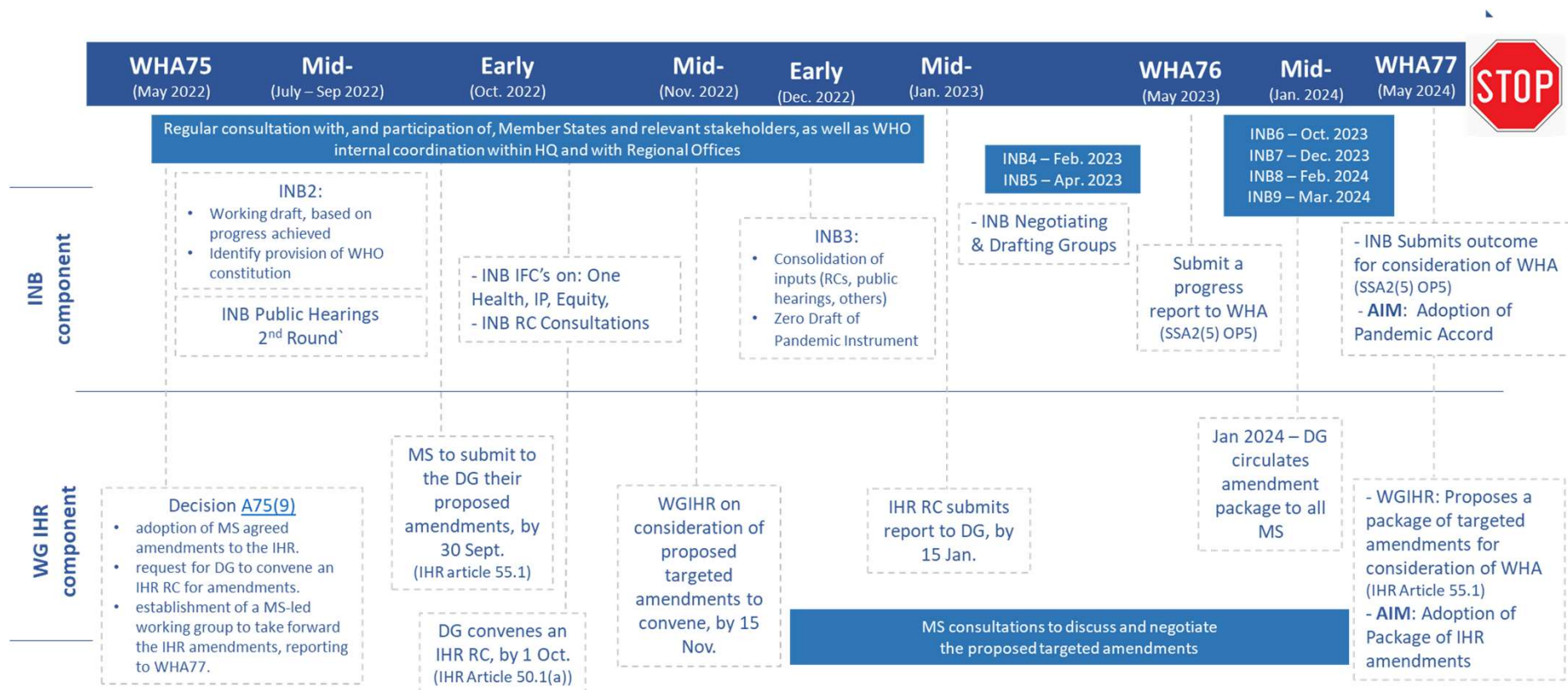
https://apps.who.int/gb/inb/pdf_files/inb2/A_INB2_4-en.pdf

The present version of modalities

- Annex A: United Nations and other intergovernmental organizations in effective relations with WHO – e.g., UN, ILO
- Annex B: Observers
- Annex C: Non-State actors in official relations with WHO
- Annex D: Other stakeholders, as decided by the INB, invited to (1) attend open sessions of meetings of the INB, (2) speak at open sessions of meetings of the INB, at the co-chairs' discretion, and (3) provide inputs to the INB (via an electronic portal, an open “hearing”, and/or a segment of a session) – e.g., ICAO, IMO, IATA
- Annex E: Other stakeholders, as decided by the INB, invited to provide inputs to the INB (via an electronic portal, an open “hearing”, and/or a segment of a session)

Stakeholder	Invited to attend open sessions of meetings of the INB, and to speak ¹ at those open sessions at the co-chairs' discretion	Invited to attend meetings of INB subgroups, ² and to speak ² at those meetings at the subgroup chair's discretion	Invited to provide inputs to the INB (via an electronic portal, an open “hearing”, and/or a segment of a session) ³
United Nations and other intergovernmental organizations in effective relations with WHO (Annex A)	Yes	Yes	Yes
Observers (Annex B)	Yes	Yes	Yes
Non-State actors in official relations with WHO (Annex C)	Yes	Yes	Yes
Other stakeholders, as decided by the INB	Yes, for those entities listed in Annex D.	Yes, for those entities listed in Annex D.	Yes, for those entities listed in either Annex D or Annex E.

Timeline of INB and WGIHR Processes





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Thank you

**Acknowledgment to the core team
supporting the INB, *and many others***